

Supervisee's Name: _____



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2 SC 32[944 Leawood Drive],
Frankfort, Kentucky 40601 Phone (502) 782-8814 ~ <http://adc.ky.gov>

VERIFICATION OF CLINICAL SUPERVISION

Highest Educational Level Achieved: _____

Documentation of [~~300 hours of~~] direct supervision by a Board-Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be provided[~~documented~~]. This form must be completed by the applicant and signed by the clinical supervisor.

Clinical supervision shall meet the following minimum requirements:

- (a) Applicants with a high school diploma or high school equivalency diploma require 300 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;
- (b) Applicants with an associate's degree in a relevant field require 250 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;
- (c) Applicants with an bachelor's degree in a relevant field require 200 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains; and
- (d) Applicants with an master's degree or higher in a relevant field require 100 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains.

In accordance with 201 KAR 35:010, Section 1 (12)[(9)], "clinical supervision" means a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive. These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process. Methods of supervision include: face-to-face, video, or observation[, or telephone/conference. A minimum of 300 hours of direct clinical supervision from a Board approved clinical supervisor is required.]
A minimum of 10 hours of face-to-face clinical supervision must be documented in each of the four (4) domains[~~12 core functions~~].

APPLICANT/SUPERVISEE'S NAME: _____

APPLICANT/SUPERVISEE'S STRENGTHS: _____

Supervisee's Name: _____

APPLICANT/SUPERVISEE'S WEAKNESSES: _____

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COMPLETE THE FOLLOWING **SUMMARY** OF CLINICAL SUPERVISION HOURS - SPECIFIC DETAILS MUST ACCOMPANY THIS PAGE. USE AS MANY PAGES AS NECESSARY TO PROVIDE DETAILS OF CLINICAL SUPERVISION. NUMBER EACH PAGE.

<u>DOMAIN</u> <u>[CORE FUNCTION]</u>	Number of Face-to-Face Hours	TOTAL NUMBER OF HOURS
<u>Screening assessment and engagement</u>		
<u>Treatment planning, collaboration, and referral</u> <u>[Client Intake]</u>		
<u>Counseling</u> <u>[Client Orientation]</u>		
<u>Professional and ethical responsibilities</u> <u>[Client-Assessment]</u>		
<u>Treatment Planning</u>		
<u>Individual Counseling</u>		
<u>Group Counseling</u>		
<u>Family Counseling</u>		
<u>Case Management</u>		
<u>Crisis Intervention</u>		
<u>Client Education</u>		
<u>Referral</u>		
<u>Reports and Recordkeeping</u>		
<u>Consultation]</u>		
TOTAL		

Affidavit: I verify, under the penalty of perjury, that the information documented above is true and accurate to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

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DOMAIN 1[~~CORE FUNCTION~~]: SCREENING ASSESSEMENT AND ENGAGEMENT

~~[The process by which a client is determined appropriate and eligible for admission to a particular program.](Methods of supervision include face-to-face, video, or observation[, or telephone].)~~

[illegible]

Total Number of Hours in Screening Assessment and Engagement

Page _____

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DOMAIN 2[CORE FUNCTION]: TREATMENT PLANNING, COLLABORATION, AND REFERRAL[CLIENT INTAKE]

[~~The process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment.~~](Methods of supervision include face-to-face, video, or observation[, ~~or telephone~~].)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Treatment Planning, Collaboration, and Referral[~~Client Intake~~] ____

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~~CORE FUNCTION: INDIVIDUAL COUNSELING~~

~~A one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Individual Counseling _____

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~~CORE FUNCTION: TREATMENT PLANNING~~

~~Defining areas of problems and needs, establishing long and short-term goals, and developing appropriate tools for reaching these goals. (Methods of supervision include face-to-face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Treatment Planning

Page _____

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~~CORE FUNCTION: GROUP COUNSELING~~

~~A process involving clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Group Counseling _____

Page _____

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~~CORE FUNCTION: FAMILY COUNSELING~~

~~A process of exploring the dynamics of the family system and facilitating appropriate changes. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]**Total Number of Hours in Family Counseling** _____

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~~CORE FUNCTION: CASE MANAGEMENT~~

~~Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Case Management _____

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~~CORE FUNCTION: CRISIS INTERVENTION~~

~~Those services which respond to an alcohol and/or drug abuser's needs during acute emotional and/or physical distress. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Crisis Intervention

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CORE FUNCTION: REFERRAL

~~Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. (Methods of supervision include face-to-face, video, observation, or telephone.)~~

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Referral _____

Page _____

Supervisee's Applicant Name _____

CORE FUNCTION: ~~CLIENT EDUCATION~~

Seminars or workshops which have the major goal of increasing the clients knowledge and patterns of problematic behavior. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Client Education _____

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~~CORE FUNCTION: REPORTS AND RECORD KEEPING~~

~~Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries, and other client-related data. This includes written communications and other professionals regarding a client's needs and treatment planning. (Methods of supervision include face to face, video, observation, or telephone.)~~

[illegible]

Total Number of Hours in Reports and Record Keeping _____

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CORE FUNCTION: CONSULTATION

Relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client. (Methods of supervision include face to face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Consultation _____

Page _____